

**International Network for Research
on Inequalities in Child Health
(INRICH)**

PROCEEDINGS

Initial Workshop

Montréal, Québec - Delta Hotel
November 7-8, 2008

Content

- **PROCEEDINGS**

- **APPENDICES**

- Agenda
- Contact List
- Guests
- Research interests

Workshop objectives

- To define the objectives and mandate of the research network on child health inequalities
- To build research collaboration between members of the network
- To define new research avenues
- To initiate collaborative research proposals

This event was made possible thanks to the financial participation of the following organisations:



CIHR- Institute of Human Development and Child and Youth Health (IHDCYH)
CIHR - Institute of Health Services and Policy Research (IHSPR)

PARTICIPANTS

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Russell Wilkins
Marie-France Raynault
Gary Evans
Lise Gauvin
Michael Kramer

Guests

Richard Lessard,
Head of Montreal Public Health Department
Keith Denny,
Canadian Population Health Initiative

Organizing Committee

Louise Seguin (joint co-organizer)
Nicholas Spencer (joint co-organizer)
Beatrice Nikiema
Isabelle Therien
Mai Thanh Tu

PROCEEDINGS

Day 1: November 7th, 2008

Following cocktails and dinner, Dr. Nicholas Spencer presented a first draft of the Objectives, the Mission Statement and the Future Vision of the Network.

The draft **Objectives of the Network** were:

1. To bring together international researchers, particularly in North America and Europe, who are active in the area of child health inequalities
2. To ensure that, in the future, child health inequalities have higher profile in health inequalities research
3. To summarize and clarify the current state of knowledge about child health inequalities
4. To promote and initiate research into trends in child health inequalities and mechanisms by which they arise
5. To promote and initiate research into policy approaches to reducing child health inequalities

Questions, suggestions and discussion:

- The words North America and Europe should be removed
- Use of the word inequities, instead of inequalities was discussed; however, it is uncertain which word funding agencies would prefer. Furthermore, some countries prefer the word “disparities”, e.g. in the United States, or “gaps”, in the United Kingdom
- We should be careful in introducing the word policies in the objectives, since they differ between countries
- Does the word “inequalities” include both social and health inequalities?
- The word equity should be at the end, to show the target the Network is aiming at. E.g. Objective #4 should say: “by which equity can be achieved”, to show the target
- There should be a 6th Objective: To look at new approaches and implementing programmes

- To define the Objectives, we need to know to the potential growth of the Network, how many people would be part of the Network, and the time frame to meet the objectives. It was agreed to define the research tasks first (on the agenda for the following day, November 8th), then revise the Network objectives accordingly.
- Dr. Nicholas Spencer specified that we are currently looking at a 2-year time frame. The current lack of clarity in the research literature justify holding off immediate policy and knowledge transfer (translation) objectives. We are also aiming at organizing an active forum for collaboration and formulating ideas and approaches.
- It was suggested that translation is needed to interest and sell the foundation and findings to decision-makers.
- Attracting younger researchers in this field should be one of the objectives.
- We should aim at not only sustaining the work of the first generation of members of this network, but also develop new directions, transform, extend, and change the trajectories and iterations.
- If the facts are well documented, it should reach the next generation.

The revised version of the Objectives was:

1. To bring together international researchers who are active in the area of child health inequalities
2. To ensure that, in the future, child health inequalities have a higher profile in health inequalities research
3. To summarise and clarify the current state of knowledge about child health and social inequalities
4. To promote and initiate research into pathways and mechanisms of child social and health inequalities
5. To promote and initiate research into trends in child health equity and mechanisms by which equity can be achieved.
6. To promote and initiate research into policy approaches to achieving child health equity [by working with decision-makers and stakeholders outside the research community]

The draft version of the **Mission Statement** was:

The International Research Network on Child Health Inequalities is a network of researchers actively engaged in research into inequalities in child health. Our purpose is to strengthen and promote child health inequalities research and provide a forum in which research priorities can be identified and collaborative projects established. Our ultimate aim is to inform policy that will promote child health equity.

Questions, suggestions and discussion:

- Strengthen means enhance the quality of research on child health. We can remove the word “ultimate”, or “in order to inform policy” to avoid confusion.
- We should frame the word “policy” early on, in the paragraph, so that social policy can have a greater impact on the statement
- It was agreed to revise the Mission Statement later during the workshop, as well as by surveying the revised version by email at a later time.

The revised version of the **Mission Statement** was:

The International Network for Research on Inequalities in Child Health (INRICH) aims to advance knowledge and research into inequalities in child health and well-being, child health equity and child policy by establishing a scientific community in which research priorities can be identified, collaborative projects established and new researchers encouraged. Our aim is to inform policy that will promote child health equity.

The draft version of the **Future Visions** was:

Within 2 years:

- To have identified the key researchers in this field and recruited the majority to the network
- To have completed and published the systematic review
- To have prepared and submitted at least one collaborative project in addition to the systematic review
- To have obtained sufficient funding to maintain the network and have a viable website
- To have made links with and started discussions with policy makers with a view to knowledge transfer

Questions, suggestions and discussion:

- The future visions in 2 years are a bit modest
- We can train people, to bring new and younger members to the Network
- More objectives, less modest, are needed to attract more researchers (about 1st objective of the future visions)
- Gene mapping and new technologies are what new generations of younger researchers will be aiming at
- We should look at intergenerational justice, what the impact we are making today will become tomorrow
- Most bullets points are examples of concrete accomplishment that will reflect the 2-year objectives. The future vision should be to create a platform and develop a scientific community with specific projects.
- Scientific community should include graduate students working on empirical projects on policies, genetic etc. The size can easily double that of this first meeting. Grad students can connect and exchange and collaborate and meet again more inspired.

The revised version of the Future Vision was the following:

- **The network will become a valued & productive forum for active researchers in the field**
- Within 2 years, we will have identified the key researchers in this field and recruited the majority to the network including their students
- **The network will be a platform for knowledge synthesis and systematic reviews bringing together evidence related to child health inequalities, equity and policy**
- Within 2 years, we will have completed and published the systematic review
- **The network will be a platform for collaborative studies**
- Within 2 years, we will have prepared & submitted at least one collaborative project in addition to the systematic review
- **The network will play an important role in knowledge transfer to policy makers**
- To have made links with & started discussions with policy makers with a view to knowledge transfer

Day 2: November 8th, 2008

This First meeting was also an opportunity to highlight some perspectives on child health inequalities in presentations by Dr. Gary Evans, Dr. Neal Halfon, Dr. Russell Wilkins and Dr. Nicholas Spencer.

HOW POVERTY GETS UNDER THE SKIN GARY EVANS

The gradient between income and health outcomes, including premature death and illness has been well described over past years. The health outcomes from childhood poverty are observed very early on in life, for instance, there are greater death in preterm infants born from low SES parents. Socioeconomic status (SES) may affect health outcomes through health care, behaviors and the environment. When comparing health care between countries, it is important to keep in mind the difference in availability of universal health care system, as well as utilization, which can vary according to SES. For instance, while both France and Canada, unlike the United States of America, offer a universal health care system, they however differ in health care utilization. Health behaviors are also known to play a significant role in the association between poverty and child health, e.g. the use of car seats for newborns upon hospital discharge is lower in low SES families. Similarly, teenage pregnancies, physical activities, smoking and alcohol dependence are other examples of SES differences in health behaviors. The environment can also act as a mediator of poverty and child health, for instance, sanitation services and urban settings. Unlike other mediators, environment follows a gradient, rather than a linear relationship, with individuals below the poverty line being at greater risk. In the UK, greater (graded) exposure to carcinogen in individuals living below the poverty line has been described. Similar associations have been observed for reduced access to nature, parks, education, supermarkets, along with greater access to liquor stores.

What are the mechanisms involved? In a study on Caucasian Americans living in rural regions, we found greater incidence of household crowding, noise, housing problems, family turmoil and violence in and out of home, in the poor, compared to the middle-income families. While resting blood pressure did not vary between groups, ambulatory blood pressure in adolescents was greater in low SES groups (validity of blood pressure was verified by 7 consecutive measurements). Interestingly, in response to mental stress induced by mathematical calculations, low SES children show blunted responses, suggesting that their system is already impaired. Together with previous findings from Lupien et al. (2000) and Evans and English (2007), these are evidence that stress pathways, namely, the hypothalamus-pituitary-adrenal (HPA) axis, is impaired very early on in children exposed to low SES. Additional reports also show that other biomarkers derived from impaired stress regulation, reflecting allostatic load, such as diabetes indicator glycolated haemoglobin (Hb1) levels are greater in poor children (Seeman et al., in prep). Importantly, the literature shows that multiple indicators of biological changes (allostatic load) are better predictors of disease. The cumulative risk could imply additive, rather than multiplicative effects. These mechanisms should be looked at further in this Network.

Questions, suggestions and discussion:

- In the United States, the impact of region of residence exists regardless of income or race. For instance, significant differences in health outcomes have been observed between the North and the South regions, regardless of income or race. However, the consequences of racial discrimination could explain the density of those living below the poverty line.
- Noise, house crowding, crowd at school are associated with poorer cognitive development, in a multiplying effect
- Poverty implies a chronic effect

**LIFE COURSE HEALTH DEVELOPMENT (LCHD):
A TRANSLATIONAL FRAMEWORK FOR ADDRESSING
MECHANISMS THAT ENGENDER HEALTH DISPARITIES
NEAL HALFON**

There are 3 (modern) eras in health care. During the 1st era (1890-1950), life expectancy increased by 21 years, from 47 to 68 years of age, and the goal of medicine was to reduce death and its related financial loss through medical treatment. The 2nd era (1950-1990), during which life expectancy increased from 68 to 78 years of age, focused on reducing health disability and dysfunction, and prolonging life through preventive approaches, community-based care and pre-paid health plans. During the 3rd era (since 1990), life expectancy reached over 85 years of age. The goal was health for all through a better understanding of programming and pathways and the approach was management, health promotion and investment in health capital.

Part of this 3rd era, the *Life Course Health Development (LCHD)* is an integrated framework for developing health, policy and research focusing on how health trajectories develop over lifetime and guiding new approaches to policy and research. It is based on the association between the biology and developmental psychology and provides a conceptual model for health development and understanding diseases by examining risk and protective factors, early-life experiences in relation with long-term health and disease outcomes. The LCHD works at population level and upstream determinants of outcomes, rather than at the individual level. This approach emerges from sociological concepts, with ecological and translation models from Bronfenbrenner. Using developmental processes, the LCHD is interested in magnitude of influences and how it varies across different phases of lifespan, and is also investigating pathways. For example: family influences that are greater during childhood than later during adulthood.

Framework: The LCHD framework has cumulative, programming and pathways as principal components: e.g. cumulative effects of the influences of maternal mental health on behavior problems in 3 years old children, or programming effects of maternal nutrition on fetal development. Furthermore, the LCHD is now examining pathways involved in the association between poverty and trajectories of child health, such as allostatic load (excessive load on the stress system), focusing on transition and turning points. Gaps between poverty and cognition, literacy are not closing, but

increasing rapidly with time. New areas of investigation include critical or sensitive periods, gene-environment interactions, as well as trajectories and growth of development at different stages in life, namely during early, middle and later years, especially since it is important to balance protective and risk factors. For example, during preschool years, developmental trajectories can increase greatly, but children are vulnerable to risks. Thus, at that stage, trajectories can take a totally different turn if the balance between protective and risk factors is perturbed.

Implications: Among the implications of the LCHD is bringing in a reform of the Health System in the United States, as well as internationally (UK, Canada, WHO). For this reform, services should move from maintenance to development and organization. In other words, we should move from incremental reform to transformational reform. Why not study children who are thriving, instead of measuring how many are failing? Sectors promoting child health are family support, education and civic society. Pediatric offices need to improve connections with more extended services to support child development. There should be detection for disabilities, developmental problems and transfer and referrals of children to regional center for developmental disabilities for children beyond 18 months of age. Currently, about 1-2% of referred children make it to the regional centers. Therefore, there is an urgent need to increase this rate and to re-engineer the system. In the province of British Columbia, Canada, Clyde Hertzman's work uses overlays and mapping to assess Early Development Index (EDI). Now, the Orange County is also using similar approaches.

Additional information can be found at the following website: <http://www.healthychild.ucla.edu/>
Slides of this presentation will be available on the [website on the network](#).

Questions, suggestions and discussion:

- Some countries, such as India, may overlap all 3 eras at once
- The emphasis should be to improve over many phases of life, not just at a specific age.
- We should work toward moving the curve not just individually, but in the whole population.
- There has been a recent focus on off-diagonal trajectories. Resilience is a critical issue. A good illustration in developmental psychology the observation that risk outpredicts IQ in the trajectory of grades at school.
- Integration of support system for the more vulnerable population
- Interventions should also focus on increasing/improving acceptance in recipients, i.e. the parents
- We should reframe research to look at indicators of gaps, to eliminate and flatten the trajectories, instead of just to move them further
- Poverty should be eradicated first

- The danger for leaders when coming from the medical field, which is the case for many of us, is the focus on bigger picture. We should keep in mind to focus on the origins of the problems as well, so that the concept would be “And” and “Both”, instead of “Either” and “Or”
- Among the origins we should be examining are housing and fiscal policies

POTENTIAL FOR LINKING DATABASES

RUSSELL WILKINS

One of the issues in studying poverty and child health is that information about SES is not in vital statistics, disease registries or health care administration documents.

There are 3 potential approaches to address this issue

- geographic linkage: this is a simple approach, and effective
- adding direct questions on health records
- record-level linkage to other files: this approach is rather complex but rich in information

It is also possible to combine the above.

Many studies have been using linked-data. Below are the references of different recent studies where linked-databases were used.

- Luo ZC, Kierans WJ, Wilkins R, Liston RM, Mohamed J, Kramer MS; British Columbia Vital Statistics Agency. (2004) Disparities in birth outcomes by neighborhood income: temporal trends in rural and urban areas, British Columbia. *Epidemiology*. 15(6):679-86.
- Wilkins R, Uppal S, Finès P, Senècal S, Guimond E, Dion R. Life expectancy in the Inuit-inhabited areas of Canada, 1989 to 2003. (2008) *Health Rep*. 19(1):7-19.
- Chen J, Fair M, Wilkins R, Cyr M. Maternal education and fetal and infant mortality in Quebec. Fetal and Infant Mortality Study Group of the Canadian Perinatal Surveillance System. (1998) *Health Rep*. 10(2):53-64 (English); 57-70 (French).
- Wilkins R, Tjepkema M, Mustard C, Choinière R. The Canadian census mortality follow-up study, 1991 through 2001. (2008) *Health Rep*. 19(3):25-43.
- Joseph KS, Wilkins R, Dodds L, Allen VM, Ohlsson A, Marcoux S, Liston. Customized birth weight for gestational age standards: Perinatal mortality patterns are consistent with separate standards for males and females but not for blacks and whites. (2005) *BMC Pregnancy Childbirth*. 5(1):3.

By studying birth outcomes, fetal and infant mortality, as well as potential mediating effects by maternal education, these studies show the signs of a social gradient in health, starting at a very early age.

Another example of study under progress:

- In Canada, there are many baseline indicators of mortality, including education, labor force, occupation, income, immigration status, disability status, source of income, housing, collective dwellings, rural compared to urban residence, language, period of immigration
- The census data 1991 was used, as well as information about income tax 1990-1991
- The outcome measures were the remaining life expectancy at age 25.

Future perspectives are to extend this to child mortality (under 18), as well as to add census data from 2001 and 2006. Then, we can link the data to hospital records for non-fatal outcomes. It is important to keep in mind that the volume for such work is very high, which requires to use effective tools, for example Postal Code Conversion File Plus (PCCF+), GRLs, Automated Coding by Text Recognition (ACTR).

Questions, suggestions and discussion:

- Is there any follow-up planned? Yes but we still need to obtain permission from participants
- Is there a Canada-US survey for demographic information? Canadian Health Measures Survey (CHMS) could be useful
- Linkage is available in many countries can be a good opportunity to compare countries
- We should work on methodology. While the cause of the causes is what we are doing by linkage. For example, walkability, land use, proximity, census overlays and zones of environment can all be measured, but it is a puzzle to carry statistical analyses.
- Mobility across neighborhood when the situation improves, for instance, immigrant status should be considered

POVERTY AND CHRONIC ILLNESS IN EARLY CHILDHOOD: A COMPARISON BETWEEN UK AND QUEBEC

NICHOLAS SPENCER

In this presentation, preliminary findings from a comparison study between the UK and Quebec (Canada), of the effects of poverty on physical health in early childhood were summarized. Poverty was examined as poverty during the first year of life, as well as cumulative poverty in both the first and fourth year of life. Child health outcomes considered asthma, longstanding illness, as well as limiting longstanding illness. Both the UK and Quebec have longstanding welfare systems and social protection for families. However, they also both have seen diminishing social provision in the last 20-30 years. These secondary analyses used two cohort studies, based in the UK (UKMCS) and in Quebec (ELDEQ) and will be the object of an upcoming article.

The slides of this presentation will be available on the [*website of the Network*](#)

Questions, suggestions and discussion:

- Maternal education may have different impact depending on the outcomes. For instance, for pregnancy outcomes, the effect is stronger.
- Social welfare is different from poverty. Some low income individuals do not ask for social welfare, due to good support from friends, neighbors etc.
- Social capital should be included in these kinds of studies.
- Need to look at prenatal picture as well as postnatal
- Cumulative word should be replaced by persistent or chronic, which is less specific in term of whether the effects are additive or multiplicative, which is more difficult to examine.
- Longstanding illnesses are less acute in the United States, more concentrated. Chronic illnesses are what we observe more often at present time.
- Infections are associated with low income
- Housing and asthma are related. Do we have any information?
- Chronic illnesses may lead to poverty, but similarly, poverty may lead to chronic illness. The bidirectional associations should be kept in mind

SCHOOL READINESS IN MONTREAL, WHAT CAN WE DO ABOUT IT?

RICHARD LESSARD

In this presentation, the poor picture of school readiness in children living in the area of Montreal was shown, using a tool inspired by Clyde Hertzman's Early Development Instrument (EDI), covering several domains such as overall physical development, fine and gross motor skills, social competence, emotional maturity, language and cognitive development, and communication skills. These domains were measured across Montreal, including in the territory of the Parc-Extension CSSS (Health and Social Services Center).

In Montreal, 34% children who will be starting elementary school are vulnerable, as shown by poor scores in at least one domain. In Parc-Extension, about 42% of preschool children show such vulnerability. The domains that are the least developed are language and cognitive development, as well as communication skills. While children in Montreal have comparable readiness to school than children from Toronto and fare better than those in Vancouver, these numbers nonetheless reflect a severe lack of preparation of preschoolers to their upcoming education. Knowing that children in Parc-Extension come from parents who recently immigrated, and live in. Interestingly, in a nearby neighbourhood, the St-Michel area, even though the neighbourhood descriptive appears poor, children fare relatively well, in fact, better than the Montreal average. It is also known that this neighbourhood has a large community involvement to help families living in vulnerable conditions.

Currently, CSSSs across Montreal organize local summits to meet all people involved in child health, to redefine, diagnose and reflect on current practices, its strengths and weaknesses, and to identify strategies for action. The regional summit accounts for those local summits, discusses issues and allows actors for actions and interventions. Integrated programs for parents, especially those with low education, are now implemented to help better prepare children for school.

Questions, suggestions, discussion:

- Have you looked at the availability of programs, the percentage of access? Answer is: We have availability resources, type available. We will have a framework.
- Language of assessment is not the mother-tongue. How does that affect the data? Answer is: The language of assessment is in one of the two official languages of teaching here in Canada. Despite their immigrant status, children will have to go to school in one of these languages. The intervention should be tailored in that direction.
- Are there any programs or home visits to help families? Answer is: Nurses took 3 years to implement home visits and they now reach out to about 50% of those who could benefit from those visits.
- Three years seem to be a relatively short period of time to implement those interventions. Some programs take longer, for example, the Melbourne group, to identify early on children who are at risk. In Florida, individuals agreed to fund privatized centers through taxes only if the centers would be welcoming all children, not only those from low income background.

- In Quebec, the Centres de la Petite Enfance (CPE), the subsidized day cares, were originally accredited to be “a safe place to care for children” while the parents work. Now, there is a need to move that mission to a “good place to educate children”. These day cares were put together to help families with low income, however, most families who are using this system come from middle SES.
- Regardless of cultural backgrounds, the problem emerges from birth, not just at school. Attachment and interactions have become poorer across all cultures. What we need is attachment increasing after intervention program from birth, not just in school. Children exposed to poor mother-infant interactions heard significantly fewer words since birth, which can decrease vocabulary once they reach preschool years. This difference can explain the impaired language and cognitive development, and communication skills observed in the Parc-Extension area.
- The EDI should spans from 0 to 5 years of age

KNOWLEDGE SYNTHESIS ON CHILD POVERTY AND CHILD PHYSICAL HEALTH PROBLEMS – PRELIMINARY RESULTS

LOUISE SEGUIN

Following previous discussions between members of the Network, it was agreed to prepare a systematic review of the literature on the association between poverty during early childhood and physical health during school age and adolescence. Criteria of selection chosen following prior discussion with members of the Network were: prospective longitudinal studies in industrialized countries, examining the association between exposure to poverty between 0 and 5 years and child physical health (chronic illness, e.g. diabetes, asthma, obesity) assessed between 6 and 18 years of age. In this presentation, a summary of the papers found through search in Medline, PubMed, EMBASE and Cochrane Reviews, since 1997.

The slides of this presentation will be available on the [website of the Network](#)

Questions, suggestions and discussion:

- Some European studies have been done that are not listed in these preliminary findings. We should look at them more carefully.
- We should go back to 1987, because the review by Brooks-Gunn, done in 1997 on similar topics was not a systematic review
- Another way of performing a secondary search: to search for longitudinal studies first, then, look at relevant studies, instead of going through Medline search
- The target is the timing of exposure, children usually don't move out of poverty once they reach adulthood

- Why should poverty be one of the indicators of low SES? Why not add low education? Answer: low income was chosen by prior surveying members of the Network. In the review, we could compare findings for low education and low income. This could have different implications for social policies
- For eczema, prostate cancer and breast cancer, we observe a reverse gradient.
- Social gradient or poverty? Social gradient could be easier to compare between studies from different countries
- If we study social gradient in this Network, we can still study poverty, but not the reverse

RESEARCH PRIORITIES IN CHILD HEALTH INEQUALITIES

During this focused discussion to identify key research priorities in relation to Child Health Inequalities were elaborated by the participants.

Moderated by Nicholas Spencer

Pathways and mechanisms

- Cumulative & additive social risk exposures (e.g. transient v. persistent poverty);
- Stress & allostatic load;
- Social into the biological & epigenetics;
- Intergenerational influences

International projects/comparisons

- Societal & policy level influences – what kinds of societies promote child well-being & why?
- Examples: role of wealth transfer; comparing social gradients in child health outcomes across countries; role of paid maternity leave; role of breastfeeding promotion; using LCHD framework to explore how policy in different countries impact on children's developmental trajectories
- Comparing social gradients in perinatal health indicators, in different countries. Risks differences vs risk ratios. (Nick & Anders to explore)

- Dr. Jody Heymann has a potential study based on data from 192 countries, with info on a range of policies & their relationship to health outcomes. Funding being applied for & would welcome collaborators to study data (Jody to keep us informed)
- Idea arising from discussion of Dr. Richard Lessard's presentation on school readiness in Montreal: Design study using standard measures in, for example, 2 neighborhoods in Montreal, 2 in Brazil, 2 in UK.
- Studies based on current cohorts – comparative secondary analysis of outcomes and relationships with social phenomena (extension of Dr. Louise Seguin & Dr. Nicholas Spencer's work using ELDEQ & UKMCS)
- Studies on impact of current international situation: changes in economy, families moved into poverty, impact on children's health & well-being.
- Studies of safety nets in different countries

Methodological issues

- Methods for examining change over time including longitudinal effects studies
- Need to define poverty
- Need to study social gradients as well as poverty
- Multi-level studies - Society, Family & Individual
- Regional studies (within countries)
- Which indicators?: for example, perception of health vs. objective measures of health (these may be more reliable in studying mechanisms)
- Root cause analysis to inform policy change.

Interventions

- Children's rights & equity – research into effective use as tools to reduce child health inequalities
- Policy innovation
- What works in reducing child health inequalities?

POTENTIAL RESEARCH COLLABORATIONS

Focused discussion to promote research collaboration among network participants to address the key research priorities identified in the foregoing discussion.

Moderated by Nick Spencer

A summary of research profile and interests were given to each member of the Network who attended this First Workshop. These research profiles will be posted on the Network's website. It was agreed that members should post or email a notice for any opportunity for collaborative project which could be of interest for members of the Network. Furthermore, during the next meeting, it was agreed to include short presentations of ongoing projects by a few Network members, to encourage exchange and collaborative work.

FUTURE OF THE NETWORK: Organizational aspects

Do we need an executive committee?

- It was suggested to not have an executive committee, but to maintain Louise Seguin and Nicholas Spencer as joint-coordinators, with sessional secretarial assistance.
- We should maybe add a US researcher as joint collaborations to have better chances with funding agencies, since most foundations are US-based.

Meeting frequency and location?

- It was suggested to hold an Annual meeting with virtual conference in between annual meetings – first virtual conference in April/May and next annual meeting in November 2009. The next annual meeting could be in the UK, alternating Europe and Americas' locations. These suggestions were approved by the Network members attending this First Workshop.
- The Annual meeting should be over 2 days.

Funding

- What we currently have
- Funding sources for functioning and research projects.
- Wellcome Trust (Dr. Nicholas Spencer will make contact)
- NIH

- Atlantic philanthropy
- Mike and Susan Dell Foundation
- Commonwealth funds
- Buffett Foundation
- Gates Foundation (need to be Global Health)
- OAK Foundation
- Nike Foundation
- Ford Foundation
- Laidlaw Foundation
- Omidyar Foundation
- Clinton Global Initiative
- Chagnon Foundation (Dr. Louise Seguin will make contact)
- Network should consider obtaining funds for Fellowships (possibly from foundations) which will allow visits to network members' centres particularly for new researchers & students.
- Funding sources for network functioning & for research projects
- Various grant makers for children, youth and families
- Suggestions for funding sources: US foundations (Dr. Neal Halfon agreed to explore)
- UK/European funding sources (Dr. Nicholas Spencer will explore)
- Canadian sources (Dr. Louise Seguin will explore)

Website and other communication means

- It was suggested and agreed to develop a network website with possibilities for real time exchanges. This will require a network manager.
- Interim communication suggestions:
 - Use website being developed by the Alliance for Child Health Equity & Child rights (Dr. Jeffrey Goldhagen is contact)

- Use Lea Roback website
- Google group (Dr. Nicholas Spencer to explore)
- Emails (avoid email overload)

Extending the network and links with other networks

- Suggestions for other key researchers not currently identified as network participants
- We have identified 3 networks concerned with health inequalities:
 - *Spirit of 1848*: Network of people concerned with social inequalities in health
 - *MacArthur Foundation Research Network in Socioeconomic Status and Health*
 - Johan Mackenbach's *European Network on Interventions and Policies to Reduce Socioeconomic Inequalities in Health* focuses on health in general, not in child health

What kind of links should we try & establish with these networks? It was agreed to initially inform other networks, and then consider more formal links later

Initial Workshop of the International Research Network on Child Health Inequalities

Delta Hotel – Room Ravel
475 President Kennedy, Montréal, Québec
November 7-8, 2008

PROGRAM

November 7, 2008

5:00 p.m. COCKTAIL

6:00 p.m. DINNER

- Welcome and brief outline of participants' research interests
- Discussion of network objectives
- Initial discussion of the organisational aspects of the network

November 8, 2008

8:00 a.m. COFFEE AND LIGHT BREAKFAST

8:30 a.m. SOME PERSPECTIVES ON CHILD HEALTH INEQUALITIES

- *How does poverty get under the skin?*
Gary Evans
- *Life Course Health Development (LCHD): A translational framework for addressing mechanisms that engender health disparities*
Neal Halfon

10:15 a.m. BREAK

10:30 a.m. SOME PERSPECTIVES ON CHILD HEALTH INEQUALITIES (cont.)

- *Potential for linking data bases*
Russell Wilkins
- *Poverty and chronic illness in early childhood: a comparison between UK and Quebec*
Nick Spencer

(back)



November 8, 2008 (cont.)

12:00

LUNCH

School readiness in Montreal, what can we do about it?

Richard Lessard, Director of the Montreal Public Health Department

Followed by a discussion with participants on:

What can we do for poor children to prepare them for school?

1:30 p.m.

***Knowledge Synthesis on Child Poverty and
Child Physical Health Problem - Preliminary Results***

Louise Séguin

1:45 p.m.

RESEARCH PRIORITIES IN CHILD HEALTH INEQUALITIES

Focused discussion with the objective of identifying key research priorities in relation to child health inequalities

Moderator: *Nick Spencer*

3:00 p.m.

BREAK

3:15 p.m.

POTENTIAL RESEARCH COLLABORATIONS

Focused discussion to promote research collaboration among network participants to address the key research priorities identified in the foregoing discussion

Moderator: *Nick Spencer*

4:15 p.m.

FUTURE OF THE NETWORK

Including:

- Administration ;
- Outlook for the future ;
- Next network meeting.

Initial Workshop of the International Research Network on Child Health Inequalities

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November 7-8, 2008

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GUESTS

Richard LESSARD

Dr. Lessard is a physician specializing in community health. Since 1992, he has held the position of Director of Public Health with the Montréal Regional Health and Social Services Board. He is a member of the *Collège des médecins du Québec* and of the Royal College of Physicians and Surgeons of Canada. From 1980 to 1982, he was a professor in the Department of Community Health Sciences of Université de Sherbrooke's Faculty of Medicine, and from 1982 to 1992, he headed the Community Health Department of the *Cité de la Santé de Laval*. He was also Assistant Clinical Professor with Université de Montréal's Department of Social and Preventive Medicine and McGill University's Department of Epidemiology and Biostatistics.

He has presided over the International Francophone Heart Health Network since 1991 and has been the principal investigator for the Federal-Provincial Heart Health Initiative since 1992. In 1990-91, he worked for the District Health Authority in Cambridge, England, where he studied public health practices in the British national health system. In 1996, he was a consultant for the World Bank and worked on the organization of frontline health care in Mauritius. Dr. Lessard was a member of Canada's National Forum on Health from 1994 to 1997 and worked as a public health consultant for the Department of Health and Sustainable Development of the World Health Organization in Geneva.

Keith DENNY

Dr. Denny is a Consultant in Policy Analysis with the Canadian Population Health Initiative (CPHI) at CIHI. Over the last 15 years he has worked as a health sciences librarian, community health educator and hospital manager. In 2006 he completed a PhD in the department of Public Health Sciences at the University of Toronto. His work at CPHI includes policy analysis, researching and writing for CPHI reports and the development and delivery of education related to population health.



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RESEARCH PROFILES

Aluisio Jardim D. de Barros

Research Interests: Availability of health services, health inequalities, pharmacoepidemiology, violence

Research Profile: Dr. de Barros has experience in the field of epidemiological methods, longitudinal studies, social determinants of health, collective health, with an emphasis on epidemiology. Since 2006, he has been the coordinator of Pelotas' birth cohort and has extensive experience in longitudinal studies. His current work also concerns validation of equation and epidemiological methods, and lifecourse epidemiology.

Clare Blackburn (*will not be attending the meeting*)

Research Interests: Health promotion in poverty, the health and lifestyles of mothers on income support; black and minority ethnic groups; cigarette smoking in households with young children; carers and ICTs; childhood disability

Research Profile: Dr. Blackburn's research focuses on understanding the relationship between the social and material aspects of people's lives, their health, health behaviours, and caring work. Since 2000, her research studies have included: a quantitative analysis of the health and lifestyles of Black and minority ethnic groups; two studies of infant and young children's exposure to tobacco smoke in the home; a survey of new fathers' attitudes and behaviours towards cigarette smoking; a study of the issues affecting the estimation of the prevalence of disability in childhood and the circumstances and characteristics of disabled children in the UK; a study concerned with developing the national indicator for services for disabled children and associated survey.

Thomas Boyce (*will not be attending the meeting*)

Research Interests: Infectious diseases, pediatrics and adolescents medicine, developmental-behavioral pediatric

Research Profile: Dr. Boyce research addresses the interplay among neurobiological, genetic and psychosocial processes that lead to socioeconomically partitioned differences in childhood morbidities. His work also seeks a new synthesis between biomedical and social epidemiologic understanding of human pathogenesis, with particular attention to its population health implications.

Sven Bremberg (*will not be attending the meeting*)

Research Interests: Child and adolescent health, health inequalities, health policies, mental health

Research Profile: Dr. Bremberg major fields of scientific interest is evaluation and development of child and adolescent public health interventions, studies of inequity in child health and analysis of the dissemination process at municipal level of child health policies. He is responsible for development of child and adolescent public health indicators, based on the national public health targets, for meta-studies of interventions that at relevant for child and adolescent public health and for a Governmental commission to propose new measures for mental health promotion

Jeanne Brooks Gunn (*will not be attending the meeting*)

Research Interests: Transitions in children's lives, families, schools, communities, health policies

Research Profile: Dr. Brooks Gunn specializes in policy-oriented research focusing on family, school and community influences on children and youth. Her policy work centers on designing and evaluating policies aimed at enhancing the well-being of children and youth, especially those with fewer opportunities. She also conducts research on transitions in children's lives, including family transitions (a parent moving into or out of the home, a parent returning to work, a family relocating to a new neighborhood), school transitions (starting school, moving into middle/high school, leaving high school), and biological transitions (birth, puberty, adolescent sexuality and parenthood).

Edith Chen (*will not be attending the meeting*)

Research Interests: Psychological factors, stress, socioeconomical status, lifecourse, social networks, asthma, inflammatory response, children's health

Research Profile: Dr. Chen studies the role of psychological factors, such as stress, in explaining the SES and asthma relationship. For that purpose, she is taking part in an ongoing longitudinal study that assesses children with asthma and a comparison group of children with no chronic illnesses. Furthermore, Dr. Chen investigate the link between childhood SES and health outcomes later in adult life, including cardiovascular disease, stroke, stomach cancer, and infectious illness. For that she is conducting a study in which lifetime SES measures were obtained on a sample of healthy adolescent girls, and a sample of blood was drawn in adolescence to assess the expression of genes implicated in inflammatory responses.

Jailson de Barros Correia

Name: Jailson de Barros Correia

Research Interests: Clinical studies, epidemiology, infectious diseases, childhood and teenager health

Research Profile: Dr. Correia has experience in the areas of medicine and collective health. His research focuses on clinical studies in the fields of infectious disease of childhood and in teenagers.

Carol Dezateux (*will not be attending the meeting*)

Research Interests: Genetic childhood disorders, developmental childhood disorders, pre- and post-natal environment, epidemiology

Research Profile: Dr. Dezateux research entails the application of epidemiological methods to clinical and public health problems in child health, with particular emphasis on the epidemiology, natural history, detection, prevention and management of genetic and developmental childhood disorders. She has conducted studies of the pre- and post-natal environmental and genetic influences on airway growth and development, as well as research on the epidemiology, aetiology, early detection and management of congenital dislocation of the hip, congenital cataract, cystic fibrosis and sickle cell disorders. One example of her current research is a meta-analysis of newborn screening trials for cystic fibrosis. She is also currently a principal investigator of a national collaborative study to evaluate newborn screening for medium chain acyl CoA dehydrogenase deficiency using tandem mass spectrometry.

Greg Duncan (*will not be attending the meeting*)

Research Interests: Education and social policy, socioeconomical status, neighbourhood effect, children and teenager health

Research Profile: Dr. Duncan studies the neighborhood effects on the development of children and adolescents and other issues involving welfare reform, income distribution, and its consequences for children and adults. He evaluates the effects on family functioning and child well-being of an innovative, random-assignment anti-poverty program in two Milwaukee neighborhoods. The study analyzes housing, welfare receipt and labor market outcomes of low-income mothers and their children, who have relocated from Chicago public housing under the Gautreaux Program

Gary Evans

Research Interests: Environment of childhood poverty, environmental stressors and human health and well being, cumulative risk exposure and child development

Research Profile: Dr. Evans work focuses on how the physical environment affects human health and well being among children. His current research focuses on environmental stress, children's environments (e.g. schools, daycare, housing), and the environment of poverty. He is also doing work on the development of environmental attitudes and behaviours in children.

Lise Gauvin

Research Interests: Physical activity and public health, psychological aspects of physical activity and health behaviours, obesity and eating disorders, multilevel analysis, health promotion

Research Profile: Dr. Gauvin has experience in the development of measurement techniques of the psychosocial environment in life contexts. Her work builds on the ecological approach as applied in public health. She uses multilevel methods of analysis to evaluate the impact of the environment's component on individual behaviours.

Jeffrey Goldhagen

Research Interests: Child advocacy, children's rights, health promotion and disease prevention, community-based practice, evidence-based medicine and health care quality

Research Profile: Dr. Goldhagen's work focuses on community-centered models and the development of community-based practice. He also has a special interest in children's rights and the partnerships between academic institutions and public health agencies.

Robert Greenberg (*will not be attending the meeting*)

Research Interests: Children's health, community pediatrics

Research Profile: Dr. Greenberg is professor emeritus of pediatrics at the University of New Mexico, School of Medicine. He has been the chair of pediatrics at both Charles Drew/Martin Luther King Medical Center and the University of New Mexico. Dr. Greenberg has published on different subjects including community pediatrics research.

Neal Halfon

Research Interests: Provision of developmental services to young children; access to care for low-income children; delivery of health services to children with special health care needs; abused and neglected children in the foster care system

Research Profile: Beginning in 1998, Dr Halfon constituted and led a collaborative team that developed, designed, launched, and analyzed the 2000 National Survey of Children's Health (NSECH). Dr. Halfon's recent conceptual work attempted to define a developmentally-focused model of health production across the life course and to understand the implications of life course health development for the delivery and financing of health care. His Life Course Health Development model has been used to inform new approaches to health promotion, disease prevention, and developmental optimization. Dr. Halfon research also included the analysis of secondary data sets to investigate how social gradients impact health and use of health care services; the analysis of longitudinal cohort studies to investigate the impact of early childhood social and behavioral risk on adult health outcomes; as well as the analysis of longitudinal cohort studies to construct a synthetic cohort in order to examine the health and economic impacts of health and health interventions that occur earlier in life.

Zulmira M. de Arújo Hartz (*will not be attending the meeting*)

Research Interests: Evaluation of programs of health services, evaluation of health systems and health services, maternal-infantile health, determinants and control of endemics, collective health

Research Profile: Dr. Hartz has experience in health programs and health services evaluation. Among her latest work is a case study performed to evaluate the level of implementation of components related to decentralization of the health systems in a Brazilian State. Another example of her work is the evaluation of the quality of care given in Brazilian maternity hospitals.

Clyde Hertzman (*will not be attending the meeting*)

Research Interests: Early child physical, mental and social development, children's health

Research Profile: Dr. Hertzman's is the director of Human Early Learning Partnership (HELP) which has developed into an internationally recognized and unique research network that integrates behavioural and social sciences with biomedical sciences to study life course development, with a particular focus on early child development. He played a central role in developing the conceptual framework for the determinants of health as well as elucidating the special role of early childhood development as a determinant of health. Dr. Hertzman has also led the development of the provincial implementation of the Early Development Instrument, which measures children's state of development in kindergarten along five domains of development

Jody Heymann

Research Interests: Global social and economic conditions; health and development of children and families; educational inequalities; child labor; inequalities families face as they raise children; national policy relevant to children

Research Profile: Dr. Heymann and her colleagues are among the first to examine how major transformations in global social, economic, and demographic conditions affect the health and development of children and families. They investigate how the reciprocal effects of changing global health conditions on educational, labour, economic, and other social outcomes of children and families. She has led national surveys and large-scale ethnographic studies, analyzing a wide range of data on eight countries in five regions. Dr. Heymann has also created the first index to measure how national public policies compare in meeting the health and developmental needs of children and working families.

Anders Hjern

Research Interests: Health of displaced ethnic groups, socioeconomic and environmental determinants of children health, cohort studies, multilevel analysis, logistic models

Research Profile: Dr. Hjern has led the BOMEME study (Birth Outcomes of Ethnic Minorities in Europe) a working group on comparative studies of perinatal outcomes of minority populations in Europe. Recently, he has published on the effect of the parental region of birth on the risk of exposure to second-hand smoke for infants, and on the stressor, perceived stress and recurrent pain in Swedish schoolchildren.

Robert Kahn (*will not be attending the meeting*)

Research Interests: Parental health; poverty's effects on children; social and economic disparities in children's health; interaction of genes and environment in common childhood diseases

Research Profile: Dr. Kahn's work has focused on the intersection of poverty, women's health and child health. More recently, his research has included a focus on genetic susceptibility to common pediatric conditions such as asthma and Attention Deficit Hyperactivity Disorder (ADHD). In particular, the research examines how genetic susceptibility may influence the effects of risks presented by the physical and social environment.

Lennart Kohler (*will not be attending the meeting*)

Research Interests: Social pediatrics, child public health, children's health and wellbeing

Research Profile: Dr. Kohler led in the 1980's a comparative cross sectional study of wellbeing of children in the Nordic countries. The study was repeated 10 years later, generating data on how the situation in different Nordic countries has changed. Recently he published on schoolchildren's health as judged by Swedish school nurses, a study based on a national survey.

Michael Kramer

Research Interests: Perinatal epidemiology, pediatric epidemiology, maternal and child health, low birth weight, preterm birth, breastfeeding

Research Profile: Dr. Kramer's research focuses on two major areas: (1) the etiologic determinants of, and population health trends in, adverse pregnancy outcomes and (2) the determinants and infant and child health effects of breastfeeding. His current work includes a 6-year follow-up of Belarussian newborns participating in a cluster-randomized trial to promote breastfeeding duration and exclusivity.

Nancy Krieger (*will not be attending the meeting*)

Research Interests: Social inequalities in health, health determinants, socioeconomic status, racial disparities and discrimination, chronic diseases, theoretical frameworks

Research Profile: Dr. Krieger's work focuses on three aspects of social inequalities in health: (a) etiologic studies on the determinants of health inequities, (b) methods for improving monitoring of social inequalities in health, and (c) development of theoretical frameworks, including ecosocial theory, to guide work on understanding and addressing health inequities, as informed by analysis of the history and politics of epidemiology and public health. Her newly funded studies, just underway, pertain to racial discrimination and risk of chronic disease, and also to changes in socioeconomic gradients in breast cancer following release of the Women's Health Initiative results regarding hormone therapy. Dr. Krieger's is also engaged in study and critique of theories that epidemiologists and others use to explain population patterns of health, disease, and well-being.

Catherine Law

Research Interests: Inequalities in health, life course approach, physical growth, child public health, policymaking for children's health

Research Profile: Dr. Law's work involves secondary analysis of the Millennium Cohort Study (MCS) on determinants of early obesity, focusing on policy relevant risk factors such as environmental changes and maternal employment (nearing completion). Some objectives of her work are:

- a) Development work on synthesizing evidence for policymakers. A current project includes case studies on day care (in relation to inequalities in the early years) and policies to prevent early years accidental injuries (2008-11). Includes secondary data analysis of MC« plus literature review and collation of information from routine statistics.
- b) Policy analysis of national initiatives to reduce inequalities in infant mortality (commencing 2009).
- c) Seeking and including the views of children and young people on public health research and policy: new project (building on a pilot project) in collaboration with a national charity, the National Children's Bureau. The project includes establishing two reference groups of young people.

Dr. Law also works with policymakers and national organizations to increase the use of science in policymaking for children's health and to reduce inequalities in health.

Sonia Lupien

Research Interests: Psycho-neuro-endocrinology, stress hormones, learning and memory function, children's health, older adults

Research Profile: Dr. Lupien is interested in the impact of stress across the lifespan for which she has conducted studies in children and young adults. She is working on finding early ways to detect and prevent stress-related disorders in people of all ages. Her future projects include a research program on detection and intervention for stress in the workplace, as well as the development of the DeStress for Success Program that aims at educating children and teenagers on stress and its impact on learning and memory.

John Lynch (*will not be attending the meeting*)

Research Interests: Lifecourse, health inequalities, psychosocial function, child health, population health

Research Profile: Dr. Lynch's research focuses on the examination of life course processes relevant to individual and population health.

Johan Mackenbach (*will not be attending the meeting*)

Research Interests: Public health, social epidemiology; medical demography, regional variations, historical trends, health services research, social inequalities, children's health, aging

Research Profile: Dr. Mackenbach current projects include a longitudinal investigation of environmental and personal determinants of energy-balance behaviours in youth which aims are study potential cognitive, social environmental and physical environmental determinants of specific energy intake and energy expenditure behaviours among school students. He is also currently pursuing research projects related to aging.

Jennifer McGrath

Research Interests: Pediatric cardiovascular behavioral medicine, cardiovascular disease risk factors, socioeconomic status, community prevention

Research Profile: Dr. McGrath's is interested in the progression of cardiovascular disease risk factors along the developmental spectrum and community preventions efforts utilizing public-health perspectives. Her research focuses on the pathogenesis of subclinical cardiovascular disease markers across childhood and adolescence as mediated by potential behavioral, environmental, and psychological mechanisms that influence these markers, and possibly confer susceptibility to developing cardiovascular disease.

Margie Mendell

Research Interests: Comparative public policy, comparative community economic development, economic democracy, social economy

Research Profile: Dr. Mendell is a co-researcher in the feminist network for a renewal of economic and political theories and practices. Her current research concentrates on the areas of community economic development, alternative investment strategies, financial institutions in Quebec, the social economy in Québec, economic democracy and governance from theoretical and comparative perspectives, social indicators,

Paul Newacheck

Research Interests: Health Policy and Pediatrics, health disparities, oral health, population-based survey

Research Profile: While Dr. Newacheck's past work has largely been aimed at documenting and understanding disparities in access to medical care for US children, his current work is focused on disparities in oral health and oral health care among US children. It is examining the influence of individual, family, community and state level characteristics on racial/ethnic and socioeconomic disparities in children's oral health and health care using the National Survey of Children's Health as the data base for this study. This unique, population-based survey of children's health is the largest of its type with approximately 102,000 US children ages 0-17 years nationwide. Multilevel modeling methods will be used in the empirical analysis. The specific aims of this project are to: 1) Identify and quantify the relative contributions of individual, family, community, and state-level factors that explain disparities in children's oral health status and oral health care using the NSCH, thus furthering our understanding of oral health disparities, their sources and potential remedies; 2) Identify differences across states in children's oral health status and oral health care and the factors that contribute to those differences. Our goal under this specific aim is to identify mutable state-level factors (e.g., public financing, delivery systems, workforce, state dental public health infrastructure, prevention programs) that can lead to improvements in children's oral health and reduce disparities in oral health status and oral health care across states

Béatrice Nikiema

Research Interests: Maternal and child health; Social inequalities in health; quality of care, access and utilization of health services; Gender relations and health; International health

Research Profile: Dr. Nikiema work consists of qualitative research in the fields of maternal health and health care provision most specifically in Sub-Saharan Africa, and on gender dynamic and access the health care. She also does action research on the appreciation and amelioration of health care quality. Dr. Nikiema is also taking part in the secondary analysis of the cross sectional and longitudinal data originating from the ÉLDEQ study (*Étude Longitudinale du Développement des Enfants du Québec*). These analyses aimed at investigating the relation between poverty and children health. It employs survival and multilevel analyses to modelize the effects of timing and duration of poverty on the physical health of children across their lifecourse.

Alain Noël

Research Interests: Social politics, compared politics, democratization of the social, globalization and social justice

Research Profile: Mr. Noël is the author of several studies on federalism and social policy in Quebec and Canada. He has also greatly published on the global politics of poverty and on global justice.

Ginette Paquet (*will not be attending the meeting*)

Research Interests: Genesis and reduction of social inequalities of health; social position and health; protection factors; underprivileged children; longitudinal studies; population surveys; pre-scholar educational services in vulnerable environments; equality of opportunities; cultural distances between health interventions specialist and poor individuals

Research Profile: Dr. Paquet's interests revolve around the understanding and the reduction of social inequalities in health. Her most recent research was aimed at identifying paths for public action that would permit to evade the influence of adversity on the development and health of children, and give them equality of chances.

Chris Power (*will not be attending the meeting*)

Research Interests: Life-course epidemiology, pre-natal and child development, socio-economic inequalities in health, social development

Research Profile: Dr. Power's research addresses the extent to which pre-natal and child development affects health in adult life, and how information from life-course studies can be used to improve the health of the population. Professor Power is studying the health and social development of the 17,000 people that are part of the 1958 birth Cohort. She plans further studies on pre-natal and childhood insults, looking at the long-term consequences for disease risk factors such as high blood pressure and cholesterol levels.

Hein Raat

Research Interests: Environmental and individual determinants of health, social disadvantage, children and teenager health

Research Profile: His current work involves longitudinal investigation of environmental and personal determinants of energy-balance behaviours in youth, randomised controlled trial of screening for asthma-related symptoms in pre-school children

Luis Rajmil (*will not be attending the meeting*)

Research Interests: Health-related quality of life, children and adolescent health

Research Profile: Dr. Rajmil has extensive experience in the validation, in children and teenagers as well as in Spanish speaking populations, of different instruments such as quality of life questionnaires.

Marie-France Raynault

Research Interests: Social inequalities, homelessness and poverty, public policies, health services organization, international health

Research Profile: Dr. Raynault's research aim is to identify public policies that are likely to reduce social health inequalities. She has contributed to the research on knowledge, attitudes and adhesion to poverty reduction strategies in Quebec and in the analysis of national strategies to fight poverty in Sweden and France. Dr. Raynault has also taken part in the elaboration of study design, for example, to evaluate the impact of social housing policies on poverty reduction. Furthermore, she is a co-researcher in studies that examine the salutogenic contexts of Montreal neighbourhoods and that have led to the creation of a database to study the neighbourhood effect on health.

Richard Reading (*will not be attending the meeting*)

Research Interests: Child health inequalities, childhood injury, epidemiology of uncommon childhood disorders, complex social interventions in child and maternal health, children's rights and equity, health service research

Research Profile: Dr. Reading has carried out a series of studies into neighbourhood and household risks for childhood injuries. He has also conducted epidemiological studies into childhood eczema, epilepsy and immunization. Dr. Reading also contributes to multidisciplinary research evaluating complex interventions such as school breakfast clubs and Children's Trusts Pathfinders with colleagues at the UEA.

David Sanders (*will not be attending the meeting*)

Research Interests: Child health and nutrition, human resource development, primary health care, political economy of health

Research Profile: Dr. Sanders is the author of WHO documents analyzing the progress towards improving global health and the role of Primary Health Care and Health Promotion. His recent work included a 5 year follow up comparative study of the treatment of malnutrition in rural hospitals.

Anna Sarkadi *(will not be attending the meeting)*

Research Interests: Child development, parental influence, children healthy lifestyles, diabetes

Research Profile: Dr. Sarkadi recently published a systematic review of longitudinal studies that examined the association between father's involvement and developmental outcomes. She has also participated in qualitative studies that aimed at evaluating the effect of parental influence on children health practices.

Louise Séguin

Research Interests: Poverty and health of families and children, perinatal, prevention of prematurity and low birth weight, maternal breastfeeding, domestic violence during the prenatal period

Research Profile: Dr. Séguin's work has focused on examining the relationship between family poverty and, mother and child health. With a life course perspective, she is interested in exploring the links between early childhood poverty and later child health outcomes. She has also a particular interest in the pre-natal period looking at the pathways between low socio economic status and prematurity as well as postpartum depression.

Nicholas Spencer

Research Interests: social determinants, determinants of child health, pregnancy outcomes, long-term illness

Research Profile: Dr. Spencer's work has focused on identifying social inequalities in child health, most recently in secondary analysis of large data sets. He has a particular interest in the social determinants of pregnancy outcomes particularly birthweight and long-term illness and disability in childhood. He is interested in exploring the mechanisms by which social factors impact on physical health and has published a few papers exploring cumulative and additive effects of disadvantage on child health.

Barbara Starfield *(will not be attending the meeting)*

Research Interests: Determinants of health and equity in health, effectiveness and equity of health services; assessment of population health; co-morbidity and case mix; primary care and specialty care and their interrelationships; continuity (longitudinally) of care and its effects; comprehensiveness and coordination of care

Research Profile: Dr. Starfield has been instrumental in leading projects to develop important methodological tools, including the Primary Care Assessment Tool, the CHIP tools (to assess adolescent and child health status), and the Johns Hopkins Adjusted Clinical Groups (ACGs) for assessment of diagnosed morbidity burdens reflecting degrees of co-morbidity. Professor Starfield's research areas include the role of generalists in providing medical care, and the management of patients with multimorbidity. Her work also focuses on quality of care, health status assessment, primary care evaluation, and equity in health.

Mai Thanh Tu

Research Interests: Psychoneuroendocrinology, stress, depression and health inequalities in families of young children, cardiovascular and immune markers.

Research Profile: Dr. Tu's work focuses on stress and other biological and social mediators of depressive symptoms in parents of young children with and without chronic illnesses, e.g. asthma. More precisely, she is currently examining the role of long-term exposure to social factors such as poverty, poor neighbourhood characteristics, and caring for an asthmatic child on trajectories of maternal depressive symptoms, using longitudinal designs. In addition, the impact of different trajectories of depressive symptoms on maternal stress hormones (cortisol), cardiovascular and immune markers, as well as on the quality of child's asthma care will be investigated.

Cesar Victora (*will not be attending the meeting*)

Research Interests: Availability of health services, inequalities in health, anthropometric studies, morbidity and mortality in infancy, precursors of chronic diseases in adolescence, early determinants of the biological and social characteristics in adolescence and adult life

Research Profile: Dr. Victora currently studies the epidemiological transition and impact of biological, socioeconomical, and behavioural factors in the 2004 birth cohort. Previously, he has also investigated the nutritional transition as well as the biological, socioeconomical, and behavioural factors across the lifespan in two Brazilian cohorts.

Elsbeth Webb (*will not be attending the meeting*)

Research Interests: Child public health, health equity, children's rights, discrimination

Research Profile: Dr. Webb major theme in his clinical work, research and teaching has been the impact of discrimination on the health of children. His research and clinical work allowed him to develop an original and comprehensive conceptual framework of how discrimination affects children's health and healthcare, including not only indirect discrimination, such as racism, disability discrimination, poverty and social exclusion, but also direct discrimination against children and young people. His current work involves a project on the health needs of children in domestic abuse refuges and an investigation of the attitudes toward children.

Russell Wilkins

Research Interests: Perinatal and child health, healthy immigrant effect, socioeconomic inequalities, health inequalities, postal code conversion, reproductive outcomes

Research Profile: Most of Dr. Wilkins work on child health inequalities concerns adverse birth outcomes by maternal education, aboriginal group, and neighbourhood income, using linked live births, infant deaths and stillbirths from Canadian vital statistics records since 1986. He is currently trying to link those records for recent years to hospital morbidity data relating to the birth and subsequent hospitalizations. Dr. Wilkins also participates to the analyses of hospital morbidity data by neighbourhood income, as well with comparisons of rates of hospitalization in areas with a relatively high concentration of Aboriginal peoples (First Nations, Métis and Inuit) against all other areas.

Paul Wise (*will not be attending the meeting*)

Research Interests: Children's health; health-outcomes disparities by race, ethnicity and socioeconomic status; the interaction of genetics and the environment as these factors influence child and maternal health; impact of medical technology on disparities in health outcomes; international health policy

Research Profile: Wise's work has encompassed many disciplines including neonatology, genetics, epidemiology and economics. A study he helped conduct in 2002, for example, examined how genetic characteristics and maternal smoking interact to influence birth weight. Another of his studies examined how a new treatment for premature babies affected racial disparities in infant mortality.

Maria Victoria Zunzunegui

Research Interests: Epidemiology of aging, STI and HIV/AIDS, health inequalities and human rights, international health, epidemiological methods

Research Profile: Dr. Zunzunegui research interests concern material and social inequality in the aging process and the influence of social factors on physical and mental health. Her team conducted a longitudinal study on older persons in Leganés, Spain from 1993-2000. The Leganés study is currently included in CLESA, a European project involving the use of data from longitudinal studies on aging. Dr. Zunzunegui also participates in the development of instruments to measure cognitive function among populations with low levels of education. She also collaborates on a longitudinal study on children in Québec (ÉLDEQ) and on a longitudinal study on HIV+ patients initiating antiretroviral treatment in West Africa.